

Thank you for participating in the  
Medical Care Advisory Committee.

The meeting will begin shortly.

# **Medical Care Advisory Committee**

## **Nov. 9, 2021**

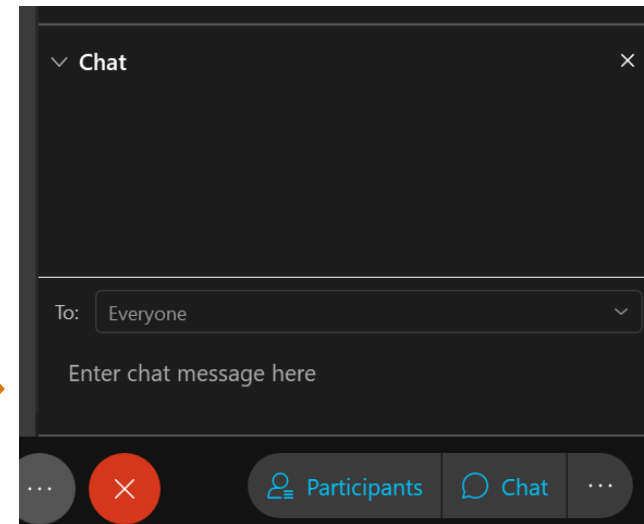
**The meeting will begin shortly.**  
**Microphones are muted.**

---

**Thank you for participating in the  
Medical Care Advisory Committee (MCAC) meeting.**

# Meeting Logistics

- Attendee lines will be muted for the duration of the webinar to minimize disruption.
- MCAC members are welcome to comment or ask questions throughout the meeting.
- All other attendees who wish to comment or ask questions should do so during the specified public comment periods.
- Use the chat feature in Webex.

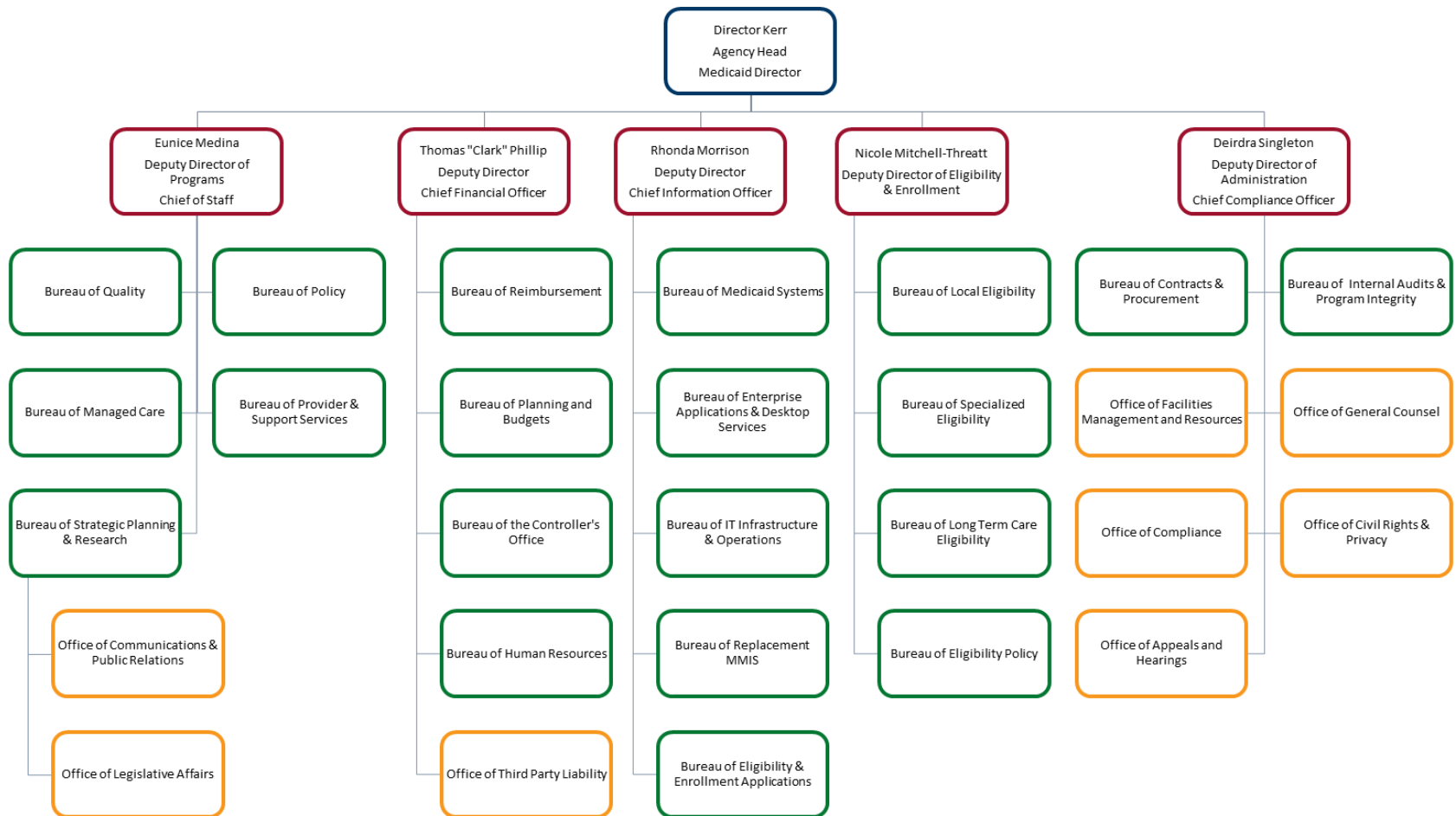


# Director's Welcome

---

Robby Kerr, Director

# Updated Organizational Chart



# New Agency Leadership



Rupi Grewal  
Chief of Strategic  
Planning and  
Research



Cheryl Anderson,  
Director of  
Pharmacy  
Services

# SCDHHS Strategic Plan

---

Robert Kerr, Director

# SCDHHS Strategic Plan

- SCDHHS submitted 20 strategic measures to the South Carolina Department of Administration in September 2021
- Focus is on primary business functions and core competencies
- Each measure supports one of five existing strategic goals



# SCDHHS Strategic Goals

- Strategic Goal 1: Purchase and evaluate care through evidence-based systems and models
- Strategic Goal 2: Strengthen the health and well-being of South Carolinians across their lifespan
- Strategic Goal 3: Limit the burden to provide and receive care
- Strategic Goal 4: Utilize public resources efficiently and effectively
- Strategic Goal 5: Maintain or improve healthcare marketplace stability

# Goal 2: Strengthen the Health and Well-being of South Carolinians Across their Lifespan

Measurement	Base	Target
Increase the total number of children receiving preventative dental care by 5%.*	42.6%	47.6%
Increase the percentage of children who have received all the recommended “Combo 10” immunizations by 10%.	29.25%	39.25%
Increase the Early Periodic Screening Diagnostic and Treatment (EPSDT) participant ratio for children 6-9 years old.*	0.38	0.55
Develop an EPSDT report that tracks service authorizations and actual occurrences for both fee-for-service and managed care.	0%**	100%
Increase the percentage of follow-up visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse dependence, who had a follow up visit for AOD within 7 days of the emergency department visit during the measurement year by 2%	10.91%	12.91%

*The tracking timeframe for measures is typically the state fiscal year unless noted with a \*.*

*\*Tracking timeframe is the federal fiscal year due to related reporting requirements.*

*\*\*This measure is not currently tracked via the proposed methodology.*

# Medicaid Enrollment

---

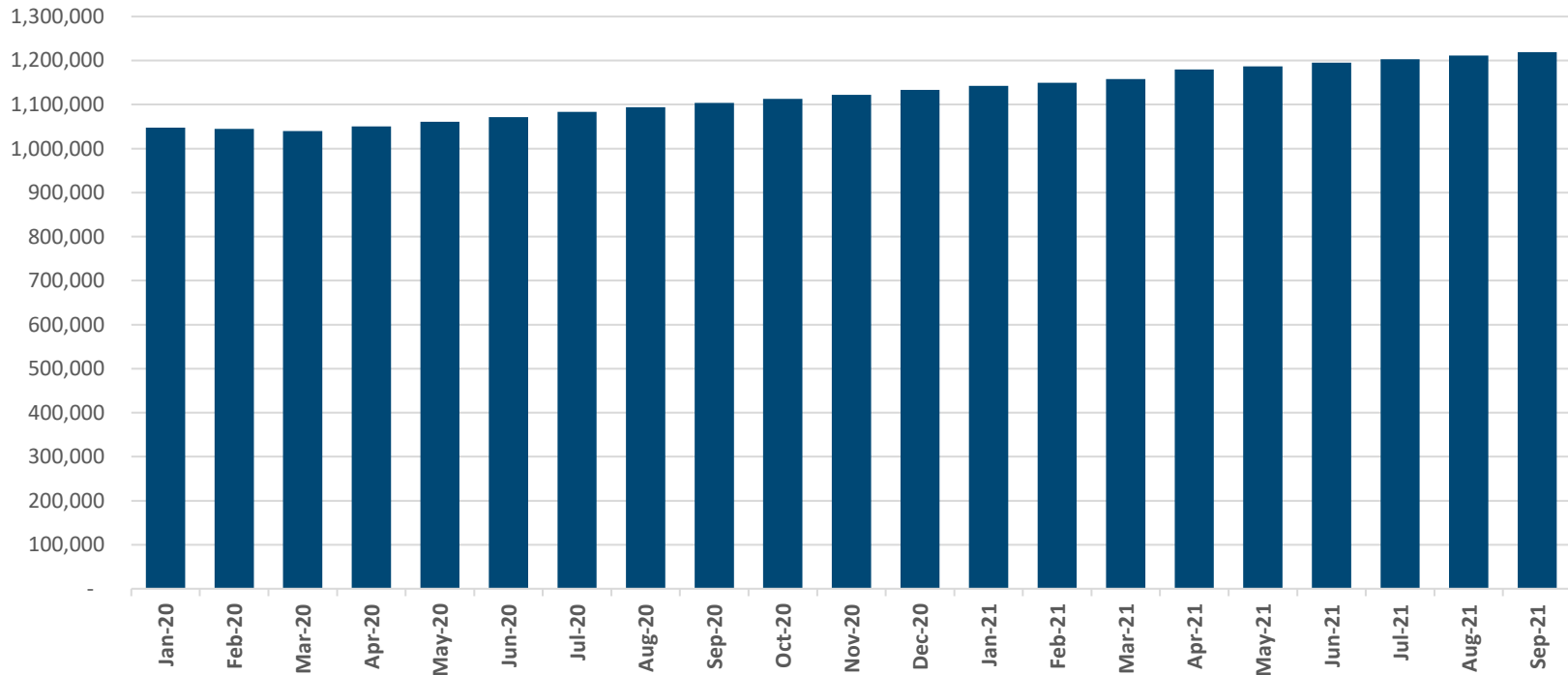
Nicole Mitchell Threatt, Deputy Director  
Eligibility, Enrollment and Member Services

# Federal Legislation – Eligibility Operations

- Families First Coronavirus Response Act (FFCRA)
  - **March 2020** – SCDHHS started receiving a temporary 6.2% Federal Medical Assistance Percentage (FMAP) increase under the FFCRA – Section 6008(b) by complying with the following:
    - Meeting an eligibility “maintenance of effort” requirement
    - Not terminating or reducing coverage for most individuals until the end of the month in which the federal public health emergency (PHE) ends
      - PHE extended effective Oct. 18, 2021
        - Extensions are effective for up to 90 days
        - The U.S. Department of Health and Human Services has committed to providing states with at least 60 days' notice prior to ending the federal PHE
- Potential impact of Build Back Better Act

# Full-benefit Membership

*(as of Sept. 30, 2021)*

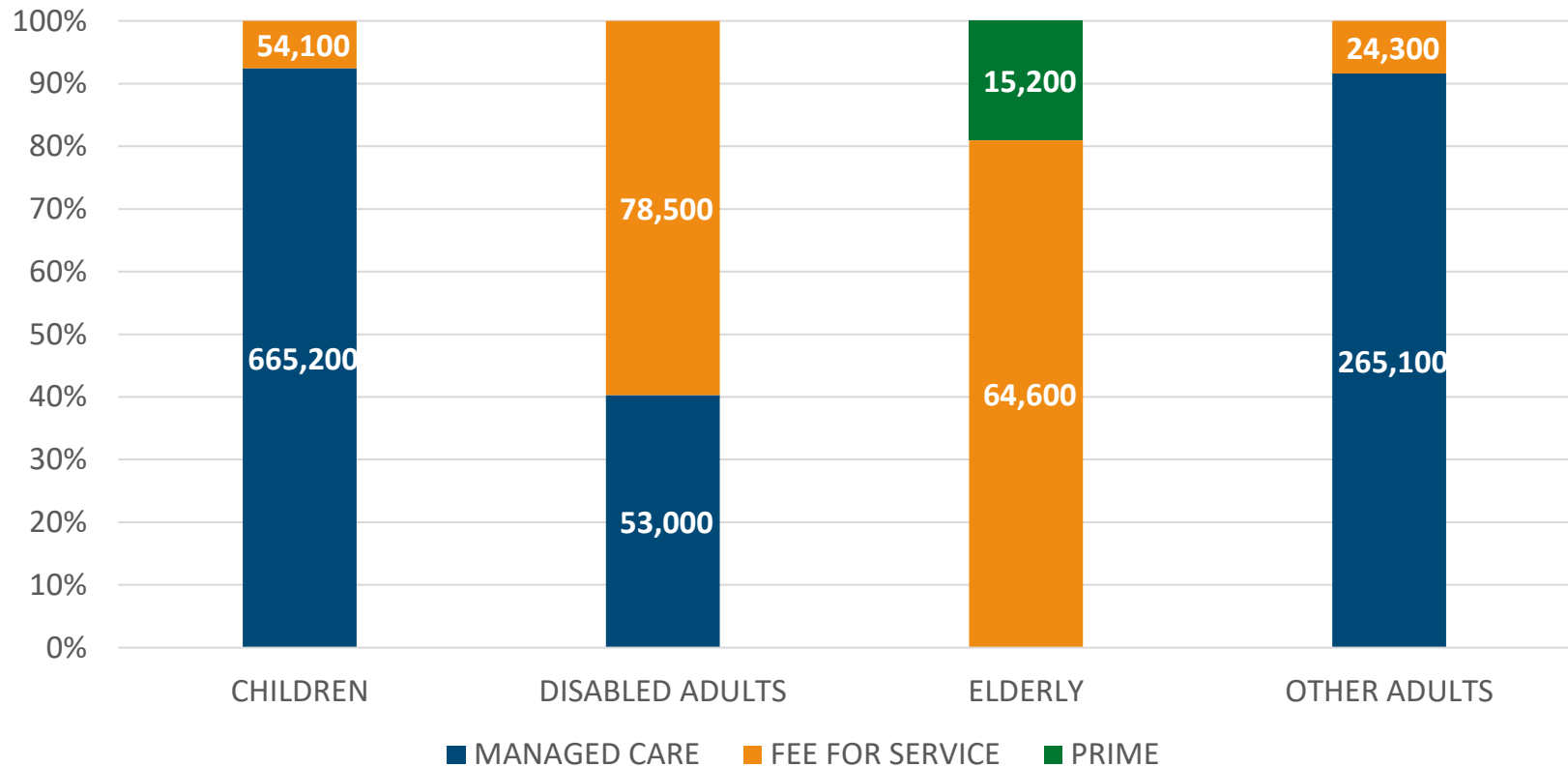


- During the PHE, full benefit membership has increased to approximately 1.21 million.



# Full-benefit membership by Population

(as of Sept. 30, 2021)



# Medicaid Redeterminations Reinstatement

---

Nicole Mitchell Threatt, Deputy Director

Lori Risk, Program Manager II

Eligibility, Enrollment and Member Services

# CMS Expectations

- The Centers for Medicare and Medicaid Services (CMS) issued, “Updated Guidance Related to Planning for Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency” on Aug. 13, 2021
  - Outlines policy changes made by CMS to support states and minimize beneficiary burden as states address a large volume of pending work after the PHE end
  - Anticipated states will have up to 12 months to complete pending eligibility and enrollment actions when redeterminations resume
  - States must complete an additional redetermination for individuals determined ineligible for Medicaid during the PHE prior to taking adverse action
  - States must adopt a risk-based approach to prioritize work that promotes continuity of coverage for eligible individuals and limits delays in processing actions



# Proposed Review Approach

- SCDHHS will not use outdated information (e.g. old review forms) to conduct reviews
- Electronic data sources (EDS) will be used where feasible to confirm continued eligibility
  - Review forms will be sent if eligibility cannot continue based on EDS
- Review process will begin first for households with individuals who are most likely to no longer be eligible or who are likely no longer eligible in their current category
  - This approach aligns with CMS' population-based approach described in [SHO# 20-004](#) and [SHO# 21-002](#)

# During PHE: Loss of SSI Coverage

- Some individuals who qualify for Medicaid because they receive Supplemental Security Income (SSI) benefits will no longer be eligible for SSI after the PHE and may lose Medicaid eligibility
- SCDHHS is working with individuals who may lose coverage because they're no longer eligible for SSI to determine if they are eligible in a different category

# Additional Work During the PHE

- MAGI members in legacy system
  - SCDHHS sent a review form with cover letter to individuals with MAGI (Modified Adjusted Gross Income) coverage in MEDS (Medicaid Eligibility Determination System)
    - If they remain eligible, eligibility will be granted in the new eligibility system, increasing the likelihood of autorenewal post-PHE
- **Note:** If presumed ineligible or do not return the review form, members will remain covered in their current category and SCDHHS will send them an additional review form when redeterminations resume

# Telehealth Update

---

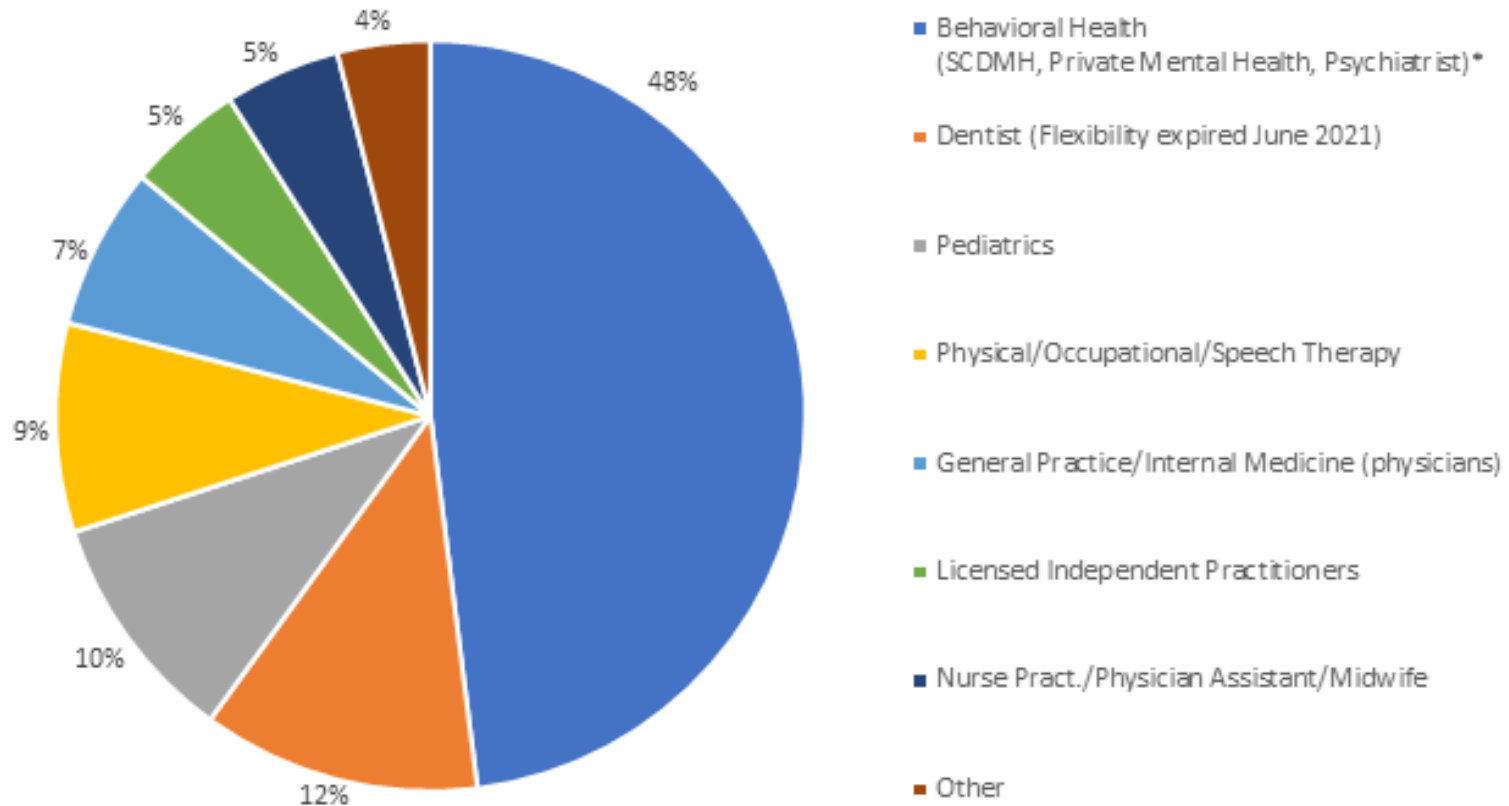
Jordan Desai, Clinical Quality Director

# Telehealth Report

- Pursuant to Section 117.119 (C) of Act 94 of 2021, SCDHHS submitted a report to the Governor, the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee on policy and benefit changes it has introduced in the furtherance of this goal and as part of its ongoing effort to improve the sustainability of telehealth services
- This report provides a review of the agency's pre-pandemic telehealth program, discusses the flexibilities that were put in place to ensure access to care during the pandemic, evaluates utilization data and provides an outlook for the future direction of SCDHHS' telehealth program

# Telehealth Utilization

**Telehealth Utilization By Provider Type/Specialty Since Flexibilities Added (March 2020)**



# Telehealth Report: Policy Considerations

- Continued evaluation of services that may achieve the agency's goals related to access, cost and quality of care
- Addition of patient home as an approved referring location
- Removal of behavioral health provider type restrictions
- Addition of audio-only and brief check-in codes

# Telehealth Report: SCDHHS Commitment

- Identifying services most valuable to the Medicaid population
- Analyze claims data
- Collaborate with stakeholders to gather feedback
- Report submitted Oct. 1, 2021
  - Available at [www.scdhhs.gov/reports-statistics](http://www.scdhhs.gov/reports-statistics)



# **Advisement: Durable Medical Equipment (DME) Definition SPA**

---

Tara Derrick, Program Coordinator

# Background

- CMS expanded the definition of home health medical supplies, equipment and appliances to clarify that items may be suitable for use in any non-institutional setting in which normal life activities take place as defined in §440.70(c)(1)
- Definition revision aligns with the Medicare DME definition at 42 CFR §414.202, which will help streamline members' access to receive needed items

# Changes

- SCDHHS amended the definition of DME replacing “suitable for use in home” with “suitable for use in any setting in which normal life activities take place”
- With the DME definition expansion, SCDHHS is expanding place of service to include additional non-institutional places that meet the definition above

# Budget Impact and Effective Date

## Budgetary Impact:

- SCDHHS anticipates a budgetary impact of \$1.5 million per year when expanding places of service

## Effective Date:

- On Oct. 1, 2021

# Oct. 1, 2021, Rate Updates

---

Jeff Saxon, Program Manager III

# Medicaid Disproportionate Share Hospital (DSH) Changes

- The agency will update the base year used to calculate the interim DSH payments for the DSH allotment period which ends Sept. 30, 2022 (FFY 2022)
- The agency will implement the provisions of the Federal Consolidated Appropriations Act of 2021 relating to the determination of the Medicaid shortfall for South Carolina Medicaid DSH payment purposes
- The agency will update the inflation rate used to trend the DSH base year cost to the end of the 2020 calendar year
- The agency will expend 100% of its FFY 2022 Medicaid DSH allotment to qualifying DSH eligible hospitals during the Medicaid State Plan Rate Year
- In accordance with Budget Proviso 33.20 (A) of the SFY 2022 South Carolina State Appropriations Act, the agency proposes/may tie DSH payments to participation in the Healthy Outcomes Initiative and may expand the program as DSH funding is available

# Nursing Facility Rate Update—Non-state-owned Facilities

- The agency will update the non-state-owned governmental Medicaid nursing facility rates effective Oct. 1, 2021, as follows:
  - Providing payments based on the most recent cost report data;
  - Removing all COVID-19 related costs from the calculation of the Oct. 1, 2021, rates;
  - Limiting nursing facility payment rates effective October 1, 2021 for those nursing facilities that received Federal Paycheck Protection Program revenue during the base year cost reporting period and sought/received forgiveness of repaying the revenue back to the federal government;
  - Increasing minimum occupancy from 87.5% to 90% for Medicaid rate setting purposes;
  - Updating the cost center standards based upon the FYE Sept. 30, 2020, Medicaid cost reports and establishing the standards at 105% of the mean cost per patient day;
  - Applying a 3.5% inflation factor in the calculation of the Oct. 1, 2021, payment rates;
  - Increasing the square footage allowance used for capital cost reimbursement from \$222.96 to \$231.11 in accordance with the annual increase reflected in the RS Means Construction Cost Data Publication;
  - Increasing the Medicaid reimbursement rate for the South Carolina vent unit facility from \$530 per Medicaid patient day to \$560 per Medicaid patient day; and,
  - Authorizing 3,864,665 Medicaid Permit Days to be permitted by the South Carolina Department of Health and Environmental Control for state fiscal year July 1, 2021, through June 30, 2022.
- SCDHHS projects this to result in a 0.044% rate increase

# Nursing Facility Rate Update—State-owned Facilities

- The agency will update the state-owned governmental Medicaid nursing facility rates effective Oct. 1, 2021, as follows:
  - Providing payments based on the most recent cost report data available; and,
  - Applying a 5.092% inflation factor in the calculation of the Oct. 1, 2021, payment rates based upon the use of the midpoint-to-midpoint trending methodology and Global Insight Indexes.
- SCDHHS projects this to result in a 23.54% rate increase
  - Please note state-owned nursing facility rates were last updated when SFY June 30, 2015, Medicaid cost reports were used to set rates effective Oct. 1, 2017



# Inpatient and Outpatient Hospital Reimbursement Changes

- The agency will update the inpatient hospital swing bed and administrative day rates based upon the Oct. 1, 2021, rebasing of nursing facility payment rates
- The agency will eliminate the statewide rate/multiplier caps placed upon certain hospitals by eliminating the impact of the July 1, 2014, and Oct. 1, 2015, normalization actions placed upon inpatient hospital per discharge rates and outpatient hospital multipliers
- The agency will update the South Carolina Department of Mental Health hospital per diem rates based upon the use of the FY 2020 cost report data
- The agency will amend its current South Carolina Medicaid Defined Rural Hospital definition to further protect rural hospitals in South Carolina
  - This additional rural hospital criteria will add two hospitals to the South Carolina Defined Rural Hospital list, Cherokee Medical Center and MUSC Health Kershaw Medical Center

# PRTF Reimbursement Changes

- The agency will update the PRTF reimbursement rates based upon the use of the FY ending 2019 Medicaid cost reports and the use of a trend factor using the midpoint-to-midpoint trending methodology and the use of the Global Insight Service Indexes – Inpatient Psych Facilities

# Budget Impact and Effective Date

## Budgetary Impact:

- DSH - \$10 million (total dollars); Swing Bed Rates – Budget Neutral; Elimination of July 1, 2014, and Oct. 1, 2015
- Nursing Facilities – Non-state-owned governmental nursing facilities - \$0.7 million (total dollars); state-owned governmental nursing facilities - \$6.3 million (total dollars)
- Normalization Actions on Inpatient Hospital Rates/Outpatient Hospital Multipliers - \$5 million (total dollars)
- Additional South Carolina Defined Rural Hospitals - \$0.6 million (total dollars)
- PRTFs - \$0.3 million (total dollars)

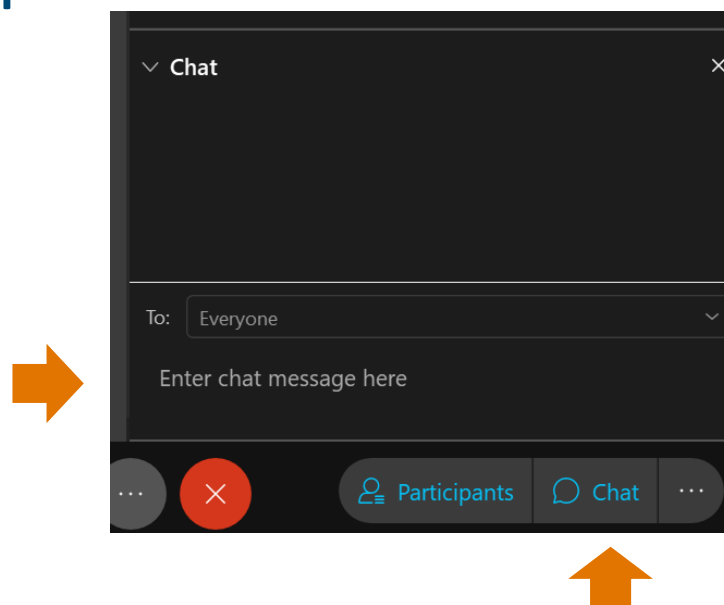
*All amounts reflected above relate to the Medicaid fee-for-service program only.*

## Effective Date:

- Oct. 1, 2021

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



# **Advisement: Medicaid Coverage of Certain Medical Transportation**

---

Jeremy Faulkenburg, DrPH, Chief of Provider & Support Services

# Background

- The Consolidated Appropriations Act, 2021, Division CC, Title II, Section 209 added provisions concerning Medicaid coverage of certain medical transportation
- This provision codifies in statute longstanding regulatory requirements for states to assure necessary transportation for Medicaid members to and from covered services
- Existing requirements for providers and drivers were added for state's Medicaid transportation programs, including those contracted through a transportation network company (i.e. Uber and Lyft)

# Federal Requirements

- Requirements added to transportation broker administrative oversight of the non-emergency medical transportation (NEMT) program:
  - Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services\*;
  - Each such individual driver has a valid driver's license;
  - Each such provider has in place a process to address any violation of a state drug law;
  - Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations

*\*New federal requirement for transportation network companies*

# Budget Impact and Effective Date

## Budgetary Impact:

- SCDHHS anticipates no budgetary impact

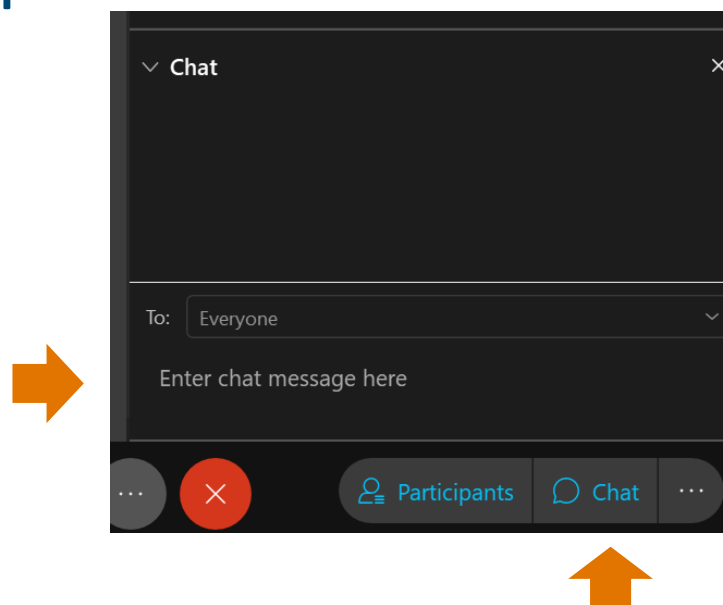
## Effective Date:

- On or after Dec. 15, 2021



# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



# **Advisement: Third Party Liability Payment Changes**

---

Rebecca Esslinger, Program Manager

# Background

- Medicaid is generally the payor of last resort and should only pay for covered care and services if there are no other responsible sources or parties
- Presently, prenatal services, pediatric preventive services and claims for child support enforcement beneficiaries are paid primary by Medicaid under the TPL “pay and chase” logic without TPL claims editing for other health insurance coverage

# Changes

- Prenatal claims processing will change from “pay and chase” to cost avoidance, resulting in rejection of claims with potential TPL
- Validating current "pay and chase" approach meets requirements for pediatric preventative services and claims related to child support enforcement beneficiaries with CMS

# Budget Impact and Effective Date

## Budgetary Impact:

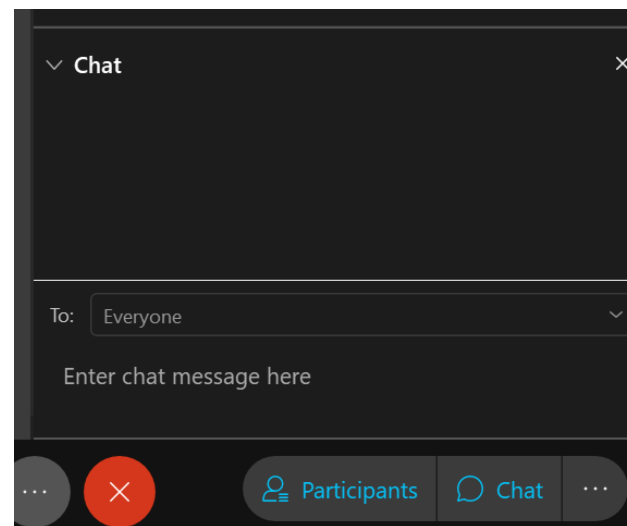
- SCDHHS is analyzing a budgetary savings in SCDHHS fee-for-service prenatal services cost avoidance. The preliminary annual savings estimate is \$111,000.

## Effective Date:

- On or after Dec. 31, 2021

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



# Home and Community-based Services Waiver Updates

---

Margaret Alewine, Director of Waiver & Facility Services

# American Rescue Plan Act of 2021

## Section 9817 Overview

- Section 9817 of the American Rescue Plan Act (ARPA) provides states with a temporary 10% increase to the federal medical assistance percentage (FMAP) for Medicaid home and community-based services (HCBS)
- The funding is intended to enhance, strengthen and improve HCBS beyond what was available as of April 1, 2021
- SCDHHS submitted an initial spending plan on July 12, 2021, and received partial approval from CMS on Aug. 11, 2021



# American Rescue Plan Act of 2021

## Section 9817 Focus Areas

- The spending plan implements an investment framework designed to support COVID-19-related HCBS needs and activities designed to make sustainable improvements that will enhance and strengthen the state's Medicaid HCBS
- Focus areas include:
  - Activities to support recruitment and retention of a robust provider network
  - Enhancements to HCBS and improved access to waiver services
  - Quality and infrastructure improvements

# American Rescue Plan Act of 2021

## Section 9817 Updates

- Updates
  - SCDHHS is currently completing analysis and rebalancing of rates paid through some of the HCBS waivers
    - Rate increases have been implemented for the following:
      - In-home respite services (effective Sept. 1, 2021)
        - Intellectual Disabilities/Related Disabilities (ID/RD), Community Supports and Head and Spinal Cord Injury (HASCI) waivers
      - Adult day health care (effective Oct. 1, 2021)
        - Community Choices, Community Supports and ID/RD waivers
      - Residential habilitation
        - ID/RD and HASCI waivers
  - HCBS waivers are being amended to reflect use of enhanced funding

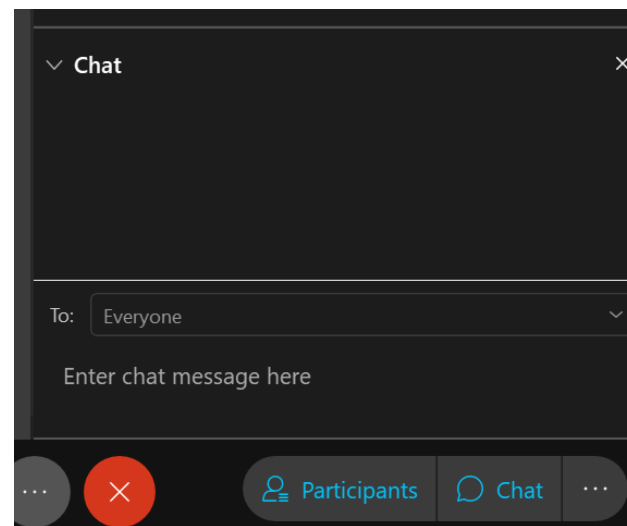
# American Rescue Plan Act of 2021

## Section 9817 Updates *(cont.)*

- Updates
  - Working with CMS on implementing additional provider retainer payments
  - Reviewing information on direct service provider training program
  - Completed a Request for Information regarding developing a new incident management system for reporting and tracking critical incidents

# Public Comment

MCAC members and all other attendees who wish to comment, please use the chat feature now.



# Recap of Recent Bulletins

---

Margaret Alewine, Director of Waiver & Facility Services

# COVID-19 Third Dose of Vaccine Administration Coverage

- Issued Sept. 8, 2021
- SCDHHS will reimburse for administration of additional doses of both the Pfizer-BioNTech COVID-19 and Moderna COVID-19 vaccines for immunocompromised individuals
- SCDHHS adopted billing codes, reimbursement rates and effective dates published by CMS for Medicare Part B
- SCDHHS will reimburse COVID-19 vaccine administration as "bill-above" service for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- SCDHHS will reimburse for dates of service based on the effective dates of vaccine administration established by CMS

# Rate Increase for Respite Services (T1005)

- Effective Sept. 1, 2021
- SCDHHS increased reimbursement rate for respite care services provided in waiver programs operated by the South Carolina Department of Disabilities and Special Needs (DDSN)
- T1005 was increased to \$4.05 per 15-minute unit for dates of service on or after Sept. 1, 2021
- The rate increase is limited to members participating in:
  - ID/RD waiver
  - Community Supports waiver
  - HASCI waiver

# Rate Increase for Adult Day Health Care Providers (S5102)

- Effective Oct. 1, 2021
- SCDHHS increased the reimbursement rate for adult day health care services provided in HCBS waiver programs
- S5102 has increased to \$60 per day for dates of service on or after Oct. 1, 2021



# Update to DME Provider Manual

- Effective Oct. 1, 2021
- SCDHHS amended the definition of durable medical equipment (DME) replacing “suitable for use in home” language with “suitable for use in any setting in which normal life activities take place.”
- Changes published in the SCDHHS DME Provider Manual on Oct. 1, 2021

# COVID-19 Third Dose of Vaccine Administration Coverage

- Issued Nov. 9, 2021
- SCDHHS will reimburse for administration of COVID-19 vaccines to children ages 5-11 years
- SCDHHS will reimburse for administration of additional doses of COVID-19 vaccines consistent with eligibility criteria established by the CDC
- SCDHHS adopted billing codes, reimbursement rates and effective dates published by CMS for Medicare Part B
- SCDHHS will reimburse COVID-19 vaccine administration as "bill-above" service for FQHCs and RHCs
- SCDHHS will reimburse for dates of service based on the effective dates of vaccine administration established by CMS

# Community Connections

---


Jeff Leieritz, Director of Communications and Public Relations

# What is Community Connections?

- Partnership with Children's Trust of South Carolina
- Resource of resources
- Available in wide variety of languages
- New way to strengthen communities through improving health and family financial outcomes
- Free to those looking for help
- Free for community-based organizations or state and local governments to manage their programs


# Access to Community Connections


- Available at SCDHHS.gov and at [www.scdhhs.gov/communityconnections](http://www.scdhhs.gov/communityconnections)
- Sent to Healthy Connections Medicaid members through *Healthy and Connected*
- Press release sent Oct. 28




The screenshot shows the top of the Healthy Connections Medicaid website. The header includes the logo on the left and 'Support', 'Sign Up', and 'Log In' links on the right. The main content area has a heading 'Search for **free or reduced cost** services like medical care, food, job training, and more.' Below this is a search bar with the text 'ZIP' followed by a text input field containing '78251' and a green 'Search' button with a magnifying glass icon. The Healthy Connections Medicaid logo is also present in the bottom right of the search area.


# Community Connections Database







Healthy Connections  Support Sign Up Log In

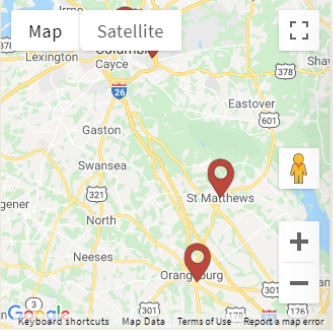





ZIP or keyword or program name 


Select Language 

FOOD HOUSING GOODS TRANSIT HEALTH MONEY CARE EDUCATION WORK LEGAL

Columbia, SC (29202) / work / help pay for work expenses (10)  Sort by RELEVANCE CLOSEST


 Personal Filters   Program Filters   Income Eligibility 


     




Notice out-of-date information or see a program you work for? Click  **Suggest** to share an update or claim your program listing to get access to free tools and data.








☐ **Suiting Program**  
by Dress for Success - USA

The Suiting Programs helps women to obtain what they need for an interview, from clothing to confidence, and they can return once they find employment for the apparel and accessories needed

 Main Services: clothes for work , one-on-one support

 Serving: adults, young adults, teens, seniors, unemployed, female, individuals

**Next Steps:**  
Call 803-529-9379 (your nearest location) or email [columbia@dressforsuccess.org](mailto:columbia@dressforsuccess.org) (your nearest location).  
 3.52 miles ( serves your local area)  
1218 Batchelor Street, West Columbia, SC 29169  
 Closed Now : See open hours 

 MORE INFO   SAVE  SHARE  NOTES  SUGGEST  SEE NEXT STEPS

☐ **Career Improvement Program**  
by The Cooperative Ministry

The Cooperative Ministry provides financial assistance to Columbia residents who do not have the financial resources to obtain a GED, enroll in job training, or pursue their education beyond of

**Next Steps:**

- Questions and demonstration requests can be sent to [Jeffrey.Leieritz@scdhhs.gov](mailto:Jeffrey.Leieritz@scdhhs.gov)

# Closing Comments

- Future meetings will be held virtually for the foreseeable future.
- Next scheduled meeting:
  - Feb. 8, 2022
  - 10 a.m. – 12 p.m.

